

FILED JAN 23 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1908

663

BIRTH NO. _____ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 2149

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Post Oak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 57-E - Prewitt - Station</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>57-E - PREWITT - STATION</u>		d. STREET ADDRESS (If rural, give location) <u>Post - Oak (E)</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u> b. (Middle) <u>JOHN</u> c. (Last) <u>PACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN - 17 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH - 4 - 1869</u>
9. AGE (In years last birthday) <u>79</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MADISON - WISCONSIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>SAMUEL W - PACK</u>		14. NAME OF HUSBAND OR WIFE <u>LIZZIE L. PACK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-12-4485</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>LIZZIE - L - PACK - KAISER - MO</u>		ADDRESS <u>MO</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Ch.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>12</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. Shelton M.D.</u>		23b. ADDRESS <u>ELDON MO</u>	
23c. DATE SIGNED <u>JAN 20 - 49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>20 JAN 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PALIEGH</u>	24d. LOCATION (City, town, or county) (State) <u>PALIEGH - BIRTH - DAKOTA</u>
DATE REC'D BY LOCAL REG. <u>Jan. 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs. C.R. Hawkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u> ADDRESS <u>Eldon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed JAN 27 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Keith M. Fays
Licensed Embalmer No. 3998

P. O. Address Eldon Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

*If this body is not embalmed, fact should be so stated above.